



FOSA SECTION

DORMANT ACCOUNT ACTIVATION FORM

NAME.....

A/C NUMBER.....STAFF NO.....

ID/PP NO.....

REASONS FOR ACCOUNT BEING DORMANT

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I HEREBY AUTHORIZE THE FOSA MANAGER TO ACTIVATE MY DOARMANT ACCOUNT SO THAT I CAN TRANSACT

SIGNATURE DATE.....

FOR OFFICIAL USE ONLY

REASON FOR ACTIVATION.....

DETAILS VERIFIED BYSIGN.....DATE.....

APPROVED BYSIGN.....DATE.....